

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	1						51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13	1						63		
14							64		
15							65		
16	1						66		
17		1					67		
18		1					68		
19		3					69		
20		3					70		
21		1					71		
22		1					72		
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		3					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	33		←	←	←		TOTAL DEP.	←	←
TOTAL CLAIMS	39		██████	██████	██████	██████	TOTAL CLAIMS	██████	██████